

OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS  
MONTGOMERY COUNTY, MARYLAND

100 Maryland Avenue, Room 200  
Rockville, Maryland, 20850  
(240) 777-6660  
{Form Revised 10-7-14}

Office of Zoning and  
MAY 16 2016  
Administrative Hearings

JAH No. CU-16-13  
Date Certified Complete 5-13-16  
Date Filed 5-24-16  
Hearing Date 8-26-16  
Time 9:30 AM

APPLICATION FOR CONDITIONAL USE (OTHER THAN AN ACCESSORY APARTMENT)

(Please note instructions on reverse side. Application cannot be processed unless all information is submitted)

Application is hereby made for a Conditional Use under the Zoning Ordinance for the Montgomery-Washington Regional District in Montgomery County, Maryland (Chap. 59, Mont. Co. Code 2014) as follows:

Applicant(s) JAI SHREE Ganesh, Inc (Kemp Mill Beer + wine) Uttar Bhavati Kunwar

Property to be used: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address 1339 Lambertson Drive City Silver Spring State MD Zip 20902

Zone Classification ~~CK~~ NR Tax Account No. 16-13-00959675  
Proposed Use Retail and Truck Rental

If this Application is for a Day Care Facility, specify the number of children to be cared for N/A

Zoning Ordinance subsection providing for proposed use: Section 59-3-3.5.12.C  
(in accordance with Section 59-7.3.1)

Owner of property: Name Commercial Management

Address 1370 Lambertson Drive, Silver Spring MD 20902

Applicant's present legal interest in above property: (check one)  
 Owner (including joint ownership)  Lessee  Tenant other than lessee  Contract Purchaser  
 Other (Describe) \_\_\_\_\_

Has any previous application for a special exception or conditional use involving this property been made by this Applicant, or by anyone else to this Applicant's knowledge? NO

If so, give Case Number(s): N/A

I have read the instructions on the reverse side of this form, and am filing herewith all of the required accompanying information. I hereby affirm that all of the statements and information contained in or filed with this Application are true and correct.

Signature of Attorney - (Please print next to signature)

BKunwar Bharate Kunwar  
Signature of Applicant(s) - (Please print next to signature)

Address of Attorney

126 Englefield Drive Gaithersburg MD-20878  
Address of Applicant(s)

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

(301) 948-1149 (301) 649-4697  
Home Telephone Number Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

EXHIBIT NO. 1  
REFERRAL NO. CU/16-13